

**OVERNIGHT PET BOARDING**

Zoning Ordinance Section 11-513(K)

**Qualify for Administrative Review?**

Will the overnight pet boarding business be located in a shopping center as defined by the Zoning Ordinance?

\_\_\_\_ Yes \_\_\_\_ No

**If yes, the business qualifies for administrative review. If no, speak to P&Z staff about the full SUP process.****Note: Staff will need to determine if the proposed location provides adequate ventilation, noise and storage controls.****Note: There are state laws and regulations that the business must comply with such as the Department of Agriculture and Consumer Services Division of Animal Industry Services laws and Animal Care, Control, Property and Protection Laws regarding Boarding Establishments.****WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.****HEALTH DEPARTMENT REVIEW**☐**The Health Department must review and approve a plan that shows proposed methods of ventilation, storage and operations. All issues, including noise, and waste and odor control must be addressed.**

Have you contacted the Health Department (703/838-4400)? \_\_\_\_\_

How will the facility dispose of animal waste? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will it control odors? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will it control noise? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**Complete the Administrative Special Use Permit Application on the following pages.**



SUP # \_\_\_\_\_

## Administrative Special Use Permit Application

Please type or print legibly

**PROPERTY LOCATION:** \_\_\_\_\_

**ZONE:** \_\_\_\_\_ **TAX MAP REFERENCE:** \_\_\_\_\_

### APPLICANT'S INFORMATION:

Applicant: \_\_\_\_\_ Business/Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPOSED USE:

- ☐ Day Care Center
- ☐ Restaurant
- ☐ Outdoor Dining (not within the King Street Retail Overlay)
- ☐ Light Auto Repair
- ☐ Overnight Pet Boarding
- ☐ Live Theater
- ☐ Outdoor Food and Crafts Market Center
- ☐ Outdoor Garden Center
- ☐ Catering Business
- ☐ Outdoor Display
- ☐ Valet Parking

### Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: \_\_\_\_\_

Please submit the following with this application form:

Site Plan At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner, I hereby grant the applicant use of \_\_\_\_\_  
 (property address), for the purposes of operating a \_\_\_\_\_ (use)  
 business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. The applicant is the (check one):**

- ☐ Owner  
☐ Contract Purchaser  
☐ Lessee or  
☐ Other: \_\_\_\_\_

**of the subject property.**

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

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If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

☐ Yes. Provide proof of current City business license

☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

**USE CHARACTERISTICS****2. Please give a brief statement describing the use:**


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**3. Please describe the proposed hours of operation:**

Days	Hours
Daily	

**Or** give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**4. Please describe the capacity of the proposed use:**

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

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- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

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**5. A. How many parking spaces of each type are provided for the proposed use:**

\_\_\_\_\_ Standard and compact spaces  
 \_\_\_\_\_ Handicapped accessible spaces  
 \_\_\_\_\_ Other

B. Please give the number of:  
 Parking spaces on-site \_\_\_\_\_

Parking spaces off-site \_\_\_\_\_

If the required parking will be located off-site, where will it be located?

\_\_\_\_\_

**6. Please provide information regarding loading and unloading for the use:**

A. How many loading spaces are available for the use? \_\_\_\_\_

B. Where are off-street loading spaces located? \_\_\_\_\_

\_\_\_\_\_

C. During what hours of the day do you expect loading/unloading operations to occur? \_\_\_\_\_

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? \_\_\_\_\_

**7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: \_\_\_\_\_ THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: \_\_\_\_\_ THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

\_\_\_\_\_  
Print Name of Applicant or Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:**

Representative's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_